



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 20 2020

1. Entity ID Number 159094		2. Exact name of the Corporation METRO TAXI, INC.												
3. Principal Office Address 485 CRANSTON STREET			City PROVIDENCE	State RI	Zip 02907									
4. NAICS Code 485310		6. Brief description of the character of business conducted in Rhode Island TAXI SERVICES												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name EVELIN GONZALEZ			Vice-President Name YOMARY SANTOS VARGAS											
Street Address 226 MESSER ST.			Street Address 61 WALLACE ST. 2ND FL											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02909									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIALS</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	100					
			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE									
100														
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative EVELIN GONZALEZ				Date 02/14/2020										
Signature of Authorized Representative 														

SIGN DOCUMENT HERE